

P O L K | C O U N T Y H E A L T H | S E R V I C E S

FY11 OUTCOMES

BACKGROUND INFORMATION

Over the past 24 years, the National Organization on Disability has commissioned Harris Interactive to conduct six surveys to assess gaps in quality of life between those with and without disabilities (The full report can be found at: <http://www.2010disabilitysurveys.org/pdfs/surveyresults.pdf>). Thirteen indicators are tracked employment, income, education, health care, access to transportation, socializing, going to restaurants, attendance at religious services, political participation, life satisfaction, technology, access to mental health services, and overall financial situation. The conclusion drawn-while there has been modest improvements in a few areas, there has yet to be significant progress in most areas.

Among the findings:

- Employment represents the largest gap between the two groups. Of all working-age people with disabilities, only 21% say that they are employed, compared to 59% of people without disabilities – a gap of 38 percentage points.
- People with disabilities are still much more likely to be living in poverty.
- People with disabilities are less likely than those without disabilities to socialize with friends, relatives or neighbors, once again suggesting that there are significant barriers to participation in leisure activities for this population.
- The second-largest gap between people with and without disabilities is regarding Internet access. 85% of adults without disabilities access the Internet, whereas only 54% of adults with disabilities report the same – a gap of 31 percentage points.

GENERAL INFORMATION

This is an overview of consumer and administrative outcomes and the purpose behind each outcome area. Outcome expectations are an extension of our core values:

- **Self-sufficiency is the cornerstone to full citizenship (civic participation) in the community.** We provide learning opportunities, support, and resources for people with disabilities to reach their maximum potential and to realize their individual value to the community. We also promote community acceptance through advocacy and education.
- **Collaboration and accountability are essential for achieving quality outcomes.** Collaborative relationships that benefit the whole community are grounded in mutual respect, cooperation, and trust. Listening and responding to all stakeholder feedback, in balance with legal and fiscal responsibilities, promotes collaboration and accountability.
- **All informed choices come with opportunity and responsibility.** Learning is more powerful and lasting when it is real and personal. We foster growth and change by helping people make informed choices and supporting them through the natural consequences of decision making.
- **Continuous innovation allows for system improvement, flexibility, and responsiveness.** We are leaders in the pursuit of performance excellence, improvement, implementation, and innovation through continuous learning and outcome evaluation.

Outcome area targets are set according to the system average of all consumers receiving ongoing services, unless the system average does not meet expectations. The system average is in the “3” category range (meets expectations). Evaluations are completed each year to allow each program to compare themselves to their previous year’s results. While the primary focus of outcomes is to challenge consumers to be self-sufficient and full participants in the community, program processes are a component to drive successful consumer outcomes and will be shared with the Independent Evaluator especially when the team feels there is a disconnect between their efforts and their score. Consumer outcomes are applied to case management, service coordination, and integrated services programs.

For purposes of this evaluation, children are considered to be individuals who are under age 18. A new referral is an individual enrolled into the program for the first month of continuous service. New referral status for jail, homelessness, and hospitalization should not be recorded for the first month if the individual was enrolled into the program with that status. In order to accommodate referrals entering programs late in the fiscal year for the outcomes with high targets, individuals with a May or June enrollment date are exempt for the following outcomes: Somatic Care; Community Resources; and ICAP completion. Child consumers are also exempt from IEP involvement if enrollment occurs during April, May, or June. If a consumer is enrolled in both the case management and integrated services programs, event data will be applied to the

primary funder's (integrated services') outcomes, however case management claims paid on the consumer are applied to the case management agency's incentive dollars.

Administrative outcomes supplement the consumer outcomes through process compliance and are applied to the service coordination, case management and integrated services programs.

Data:

Programs have access to review event and contact data entered into PolkMIS through an access database which is available on the z drive. Monthly outcome data and requests for Director's Exceptions are due to PCHS by the 13th of the following reporting month. Data submitted to PCHS is submitted in final format, being both accurate and complete. Data is verified through file review.

File Review:

Random files are selected. There should be consistency between what is reported and what is contained in the files in order to dispel any concerns regarding the reliability of the information. Agreement between what is documented in the file and what is recorded into PolkMIS should yield at least 93% agreement. If an outcome area's consistency percentage is less than 93%, then the actual consistency percent is multiplied by what the agency reported to yield an adjusted outcome score. See **Appendix A: File Review Form**. For these outcome areas, the results of file review multiplied by the percentage reported will be the final percentage score.

Coordination Agencies:

Case Management Agency	Populations Served		
	MR/DD Children	MR/DD Adults	CMI Adults
Broadlawns Medical Center (BMC CAP)			X
ChildServe	X	X	
Community Support Advocates (CSA)	X	X	X
Easter Seals	X	X	X
Golden Circle Behavioral Health (GCBH)		X	X
Link Associates (Link)	X	X	

Service Coordination Agency	MR/DD Adults	CMI Adults
Broadlawns Medical Center (BMC CAP)		X
Community Support Advocates (CSA)	X	X
Easter Seals	X	X
Golden Circle Behavioral Health (GCBH)		X
Link Associates (Link)	X	

Integrated Services Agency	MR/DD Adults	CMI Adults
Broadlawns Medical Center (BMC PATH)		X
Community Support Advocates (CSA)	X	X
CSA-Knowledge Empowers Youth (CSA-KEY)		X
Easter Seals	X	X
Golden Circle Behavioral Health (GCBH)	X	X

Consumer Outcomes by Agency:

The integrated services and service coordination programs are targeted for the adult population.

Outcomes are applied to each agency serving an annual average of 10 or more individuals.

	Integrated Services					Case Management (X) & Service Coordination (*)					
OUTCOME AREA	BMC PATH	CSA	CSA- KEY	Easter Seals	GCBH	BMC CAP	Child Serve	CSA	Easter Seals	GCBH	Link
Community Housing	X	X	X	X	X	X *	X	X *	X *	X *	X *
Homelessness	X	X	X	X	X	X *	X	X *	X *	X *	X *
Criminal Justice System	X	X	X	X	X	X *	X	X *	X *	X *	X *
Employment - Self Sufficiency	X	X	X	X	X	X *	X	X *	X *	X *	X *
Employment - Total						X	X	X	X	X	X
Education	X	X	X	X	X	X *	X	X *	X *	X *	X *
Transition							X	X	X		X
Consumer Satisfaction	X	X	X	X	X	X *	X	X *	X *	X *	X *
Consumer Empowerment	X	X	X	X	X	X *	X	X *	X *	X *	X *
Family Satisfaction	X	X	X	X	X	X *	X	X *	X *	X *	X *
Access to Somatic Care	X	X	X	X	X	X *	X	X *	X *	X *	X *
Community Inclusion	X	X	X	X	X	X *	X	X *	X *	X *	X *
Disenrollment-Negative	X	X	X	X	X	X *	X	X *	X *	X *	X *
Disenrollment-Appropriate						*		*	*	*	*
Hospital Bed Days	X	X	X	X	X	X *	X	X *	X *	X *	X *
Emergency Room Visits	X	X	X	X	X	X *	X	X *	X *	X *	X *
Quality of Life	X	X	X	X	X	X *	X	X *	X *	X *	X *
Administrative Outcome Summary	X	X	X	X	X	X *	X	X *	X *	X *	X *

Scoring:

4	Exceeds expectations
3	Meets expectations
2	Needs improvement
1	Does not meet minimum expectations

Performance Improvement Plans:

When a program does not meet expectations (i.e. has a score of a "2" or a "1" in any outcome area), a performance improvement plan is required to be submitted to PCHS. The plan must include a plan of action for each problem area including timeframes and a strategy for improvement. Integrated Services and Service Coordination should use **Appendix F: Performance Improvement Plan**, while Case Management performance improvement plans should follow Chapter 24 requirements.

Performance Improvement Plans may be submitted after PCHS and University of Iowa staff share the preliminary evaluation report at exit meetings. PCHS staff will review plans and when necessary schedule a meeting with the program director to discuss concerns regarding the plan. After concerns are resolved, incentive dollars will be distributed.

Overall Evaluation Scale:

88%-100%	Exceeds expectations
75%-87%	Meets expectations
63%-74%	Needs improvement
Below 63%	Does not meet minimum expectations

For Agencies receiving a score of below 63% for the overall evaluation, PCHS will require a performance improvement plan for the organization which must include strategies and timeframes to improve their overall outcome. PCHS will conduct periodic reviews of the agency's progress in meeting the agency's plan. If PCHS determines that the agency has not made acceptable progress, then PCHS will have the option of beginning the process of discontinuing the contract.

CONSUMER OUTCOMES

The following outcome measures have been quantified for the fiscal year ending in 2011. See **Appendix B: Consumer Outcomes Instructions** for PolkMIS data entry instructions.

System Outcome Area 1: Housing – Adults & Children

- Goal:** Individuals with disabilities will live successfully within the community in safe, affordable, accessible, and acceptable housing.
- Intent:** Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the person served regardless of the home in which they live and/or the intensity of support services. When needed, supports are designed to assist the individual achieve success in and satisfaction with community living. The intent is to assist individuals with disabilities in establishing a home that is personally satisfying, meets health and safety expectations, provides a barrier-free environment, and allows the individual to have the resources in order to meaningfully and fully participate in their community.
- Definition:** A living environment meets safety expectations if all of the following are met [or if an intervention is addressed in the individual's plan/action to resolve the situation has been taken]:
- the living environment is free of any kind of abuse (emotional, physical, verbal, sexual, & domestic violence) and neglect,
 - the living environment has safety equipment (working smoke detectors),
 - the living environment is kept free of health risks,
 - there is no evidence of illegal activity (selling/using drugs, prostitution) in the individual's own apartment or living environment, and
 - the individual knows what to do in case of an emergency (fire, illness, injury, severe weather) [or has 24-hour support/equivalent].
- Definition:** A living environment meets affordability expectations if no more than 40% of the individual's income is spent on housing (if an individual is receiving rent subsidy then meets criteria; cost of rent and utilities do not exceed 40%). ICFs and RCFs as well as individuals under age 18 are exempt.
- Definition:** When needed, a living environment meets accessibility expectations [or has 24-hour equivalent] if :
- the living environment allows for freedom of movement (i.e. no narrow doorways),
 - the living environment supports communication (i.e. TDD), and
 - the living environment supports community involvement (i.e. being able to reach job and frequently accessed community locations without use of paratransit/cabs). [If an individual uses paratransit/cabs based on individual need is appropriate, use of paratransit/cabs based on location is not]
- Definition:** A living environment meets acceptability expectations if the individual (rather than guardian) chooses where to live and with whom. Individuals under age 18 are exempt. There may be a number of parameters (i.e. past decisions, earned income) which may limit individuals' choices, but the environment should be acceptable at the point in time when choices are presented. Individuals with guardians should participate and give input into their living environment to the greatest extent possible.
- Clarification:** Community housing status is applied to all enrolled participants (independent of whether or not the individuals receives community living supports) based on where the individual's living environment at on the last day of the month and stays open until there is a change. All four elements need to be present to consider the environment as community housing and elements should be verified annually.
- Clarification:** Coordination staff should assess environments by asking the participant how he/she feels and based on the "most reasonable people" test (i.e. most reasonable people would feel the living environment is ...).
- Clarification:** When an individual is homeless, all community housing events should be closed.
- Measure:** The percentage of individuals living in safe, affordable, accessible, and acceptable living environments annually.

FY11 Targets:

Integrated Services	CSA-KEY	Case Management	Service Coordination	
80% – 100%	70% – 100%	80% – 100%	80% – 100%	4
70% – 79%	50% – 69%	70% – 79%	70% – 79%	3
60% – 69%	30% – 49%	60% – 69%	60% – 69%	2
Below 60%	Below 30%	Below 60%	Below 60%	1

Outcome Area 2: Homelessness

Goal: Nights spent homeless will be reduced.

Intent: Individuals with disabilities are challenged to find safe, accessible and affordable housing. The intent is to provide adequate supports for people in the community and to encourage independence through working to help people with disabilities to live in and to view apartments and houses as their home.

Definition: A homeless night is measured by the number of nights spent homeless or in a shelter. For the purposes of this outcome, transitional shelters are not considered a shelter. A transitional shelter is a program and/or residence in a homeless shelter where the consumer pays toward rent and is developing skills to acquire housing.

Definition: Service Coordination individuals living in ICFs/MR will not be included in this area.

Clarification: When an individual is homeless, all community housing events should be closed.

Measure: The average number of nights spent in a homeless shelter or on the street per consumer per year.

FY11 Targets:

Integrated Services	CSA-KEY	Case Management	Service Coordination	
0 – .4 night	0 – 1 night	0 – .4 night	0 – .4 night	4
.5 – 1 night	1.01 – 3 nights	.5 – 1 night	.5 – 1 night	3
1.1 – 2 nights	3.1 – 10 nights	1.1 – 2 nights	1.1 – 2 nights	2
2+ nights	10+ nights	2+ nights	2+ nights	1

Outcome Area 3: Involvement in the Criminal Justice System

Goal: Minimize the number of days spent in jail.

Intent: The intent is to provide adequate supports in the community so people don't offend and/or re-offend.

Definition: A jail day is measured by the number of nights spent in jail. Jail time assigned for offenses committed prior to enrollment in the program will not be counted.

Definition: If an individual is hospitalized under an 812, then the days spent at Cherokee or Oakdale are counted as jail days, however if the individual is hospitalized as a 229, then those days are counted as psychiatric bed days.

Definition: Service Coordination individuals living in ICFs/MR will not be included in this area.

Clarification: If the individual spends the night in jail, it is counted as a jail day regardless of the number of hours in jail.

Measure: The average number of jail days utilized per consumer per year.

FY11 Targets:

Integrated Services	CSA-KEY	Case Management	Service Coordination	
0 – .99 day	0 – 2.99 day	0-.99 days	0 – .99 day	4
1 – 2.99 days	3 – 7.49 days	1-2.99 days	1 – 2.99 days	3
3 – 3.99 days	7.5 – 9.99 days	3-3.99 days	3 – 3.99 days	2
4+ days	10+ days	4+ days	4+ days	1

Outcome Area 4a: Employment- Working At Self-Sufficiency

Goal: The number of consumers working at self-sufficiency during the year will increase.

Intent: Unemployment is one of the most profound issues facing the disability community. Only 32% of Americans with disabilities aged 18 to 64 are working, but two-thirds of those unemployed would rather be working [source: The National Organization on Disability (N.O.D.)]. Employment is the key to self-sufficiency. The intent is to increase people with disabilities' assets.

Definition: Individuals **Employed (>=20'/wk & >=min wage)** on the specified reporting week are individuals working 20 hours or more per week and earning more than minimum wage. Individuals working more than 20 hours per week, but not earn minimum wage as well as individuals working less than 20 hours per week and earning above minimum wage do not meet criterion. **Unemployed** status is defined by an individual not working.

Definition: An employable adult is an individual between 18 and 64 years old with a level of support between 1 and 4.

Definition: Adults not in the labor force are individuals not included in this area and are defined as individuals between 18 and 64 and supported at levels 5 and 6, involved in an ongoing recognized training program (secondary school, GED, or post secondary school), individuals accessing service coordination for general assistance only, or individuals 65 or older choosing not to work.

Clarification: Case Management & Service Coordination agencies are not responsible for entering events for individuals receiving services from a Polk County Network Supported Employment Provider (Candeo, Goodwill, H.O.P.E., Link, or Optima). The supported employment program is responsible for entering the individual's wage and hourly information into PolkMIS. If the employment program does not enter information for that client, a neutral event entitled "**Employed (no reported wages)**" is written. The

event cannot be viewed through the PolkMIS interface, however if applicable, will pull into the employment query.

Clarification: Agency outcome databases indicate quarterly reporting weeks and timelines

Clarification: To calculate hourly wage for salaried individuals, calculate by 40 hours per week or 4.3 weeks per month. Individuals are considered working when they are able to utilize vacation or paid time off benefits. Exceptions may be submitted for atypical situations, including sickness (with or without paid time off), the employer cancels work due to inclement weather or holiday. Scenarios should be atypical for the individual and their work situation. Transportation issues, individual decisions not to work do to inclement weather, and unpaid vacation time will not be considered.

Clarification: Individuals categorized as **"Not in Labor Force (5/6 Long Term, Retired)"** will have a community integration related goal. Eligible individuals include: (a) individuals whose level of support (LoS) is 5 or 6 and require long term 24' paid or unpaid supports and (b) individuals retired from employment. Individuals categorized as **"Not in Labor Force (5/6 <24' SCL)"** should have an employment related goal. Eligible individuals are individuals with mental health whose current LoS is 5 or 6, but receive less than 24 hour SCL supports.

Measure: The percentage of employable adults with disabilities working 20 or more hours a week at or above minimum wage.

FY11 Targets:

Integrated Services	CSA-KEY	Case Management	Service Coordination	
33%-100%	33%-100%	33%-100%	33%-100%	4
18%-32%	18%-32%	18%-32%	18%-32%	3
12%-17%	12%-17%	12%-17%	12%-17%	2
Less than 12%	Less than 12%	Less than 12%	Less than 12%	1

Outcome Area 4b: Employment-Total Working Toward Self Sufficiency

Goal:	The number of consumers working toward self-sufficiency during the year will increase.
Intent:	Unemployment is one of the most profound issues facing the disability community. Only 32% of Americans with disabilities aged 18 to 64 are working, but two-thirds of those unemployed would rather be working [source: The National Organization on Disability (N.O.D.)]. Employment is the key to self-sufficiency. The intent is to increase people with disabilities' assets.
Definition:	Individuals Employed (5'-19'/week & >=min wage) or the Employed (>=20'/wk & >=min wage) during quarterly reporting periods.
Measure:	The percentage of employable adults working 5 or more hours a week at or above minimum wage.

FY11 Targets:

Integrated Services	CSA-KEY	Case Management	Service Coordination	
33%-100%	33%-100%	33%-100%	33%-100%	4
18%-32%	18%-32%	18%-32%	18%-32%	3
12%-17%	12%-17%	12%-17%	12%-17%	2
Less than 12%	Less than 12%	Less than 12%	Less than 12%	1

Outcome Area 5a: Education

Goal:	Increase the number of consumers receiving classes or training provided by an educational institution or a recognized training program.
Intent:	Education is the key to independence and future success; it is critical to obtaining work, and affects how much money one can earn. Before the passage of the Individuals with Disabilities Education Act (IDEA) in 1975, which granted all children with disabilities a free, appropriate public education, many children with disabilities did not attend school because the buildings or class activities were inaccessible. Even now, 22% of Americans with disabilities fail to graduate high school, compared to 9% of those without disabilities [source: The National Organization on Disability (N.O.D.)]. The intent is to increase skill development.
Definition:	A recognized training program meets the definition if "yes" is the response to the following questions: (1) Does the training prepare the individual for employment? And (2) Is the class designed to train and test skill obtainment and produce a certificate that will secure, maintain, or advance employment opportunities/be of value to employers?
Definition:	A recognized training program is a program that requires multiple (3 or more) classes in one area to receive a certificate which is recognized by employers to secure, maintain, or advance the consumer's employment opportunities. The program will have structure through a curriculum with defined start and end dates.
Definition:	Community work experience (CWE) is defined as an individual whose wages are paid by the

provider/agency rather than the employer or an individual whose wages are paid by the provider/agency for the individual to increase confidence and/or work skill levels. For a maximum of 6 months, individuals working in community work experience employment can receive credit as a recognized training program.

Definition: Service Coordination individuals living in ICFs/MR will not be included in this area.

Definition: The adult education total is the sum of individuals enrolled minus those that are not in the workforce as identified in the employment area (i.e. retired, in levels of support 5 or 6, or GA only).

Clarification: Skills Training programs are program provided by Polk County programs. Approved skills training programs are listed in the Help section of PolkMIS. When skill building programs are provided by community educational institutions, they are classified as certificate programs.

Measure: The percentage of employable consumers involved in such training or education during the fiscal year. Measurement is captured in June and not averaged.

FY11 Targets:

Integrated Services	CSA-KEY	Case Management	Service Coordination	
40%-100%	NA (see 4a)	40%-100%	30%-100%	4
20%-39%	NA (see 4a)	20%-39%	19%-29%	3
10%-19%	NA (see 4a)	10%-19%	10%-18%	2
Less than 10%	NA (see 4a)	Less than 10%	Less than 10%	1

Outcome Area 5b: CM Involvement in Educational Settings

Goals: Increase Case Manager involvement in child consumers' educational settings.

Intent: Education is the key to independence and future success; it is critical to obtaining work, and affects how much money one can earn. Before the passage of the Individuals with Disabilities Education Act (IDEA) in 1975, which granted all children with disabilities a free, appropriate public education, many children with disabilities did not attend school because the buildings or class activities were inaccessible. Even now, 22% of Americans with disabilities fail to graduate high school, compared to 9% of those without disabilities [source: The National Organization on Disability (N.O.D.)]. Many parents struggle with feeling comfortable with being assertive in asking schools to meet their son's/daughter's needs. Case Manager involvement in the school setting helps parents learn how to advocate and promotes collaboration between the education and disability systems.

Definition: Involvement in educational settings is defined as the Case Manager's participation in IEP staffings, conferences, and/or other structured school-related meetings. The Case Manager will participate in at least one structured meeting per child. Measurement percentage is captured in June and not averaged.

Clarification: In atypical instances when the parent is not present at the scheduled IEP and the school chooses to have the meeting, the meeting may count as IEP involvement given the Case Manager discusses the meeting with the parent and documents the discussion in the file.

Clarification: Consumers over the age of 18 that are still in secondary school and not transitioned should still record Case Manager involvement event information as CM-Kids service type.

Measure: The percentage of Case Managers involved in educational settings.

FY11 Targets:

Integrated Services	CSA-KEY	Case Management	Service Coordination	
NA	NA	95% - 100%	NA	4
NA	NA	90% - 94%	NA	3
NA	NA	85% - 89%	NA	2
NA	NA	Below 85%	NA	1

Outcome Area 6: Transition

Goal: Consumers will transition smoothly from child to adult services.

Intent: There are many differences between the child and adult disability systems. Transitional activities are intended to equip the individual and their family with the skills and supports for a seamless transition between systems.

Definition: Transitional experiences are activities for consumers between the ages of 16 and 18 or between the ages of 18 and 21 and still enrolled in secondary school that focus on developing skills needed after the consumer leaves secondary school.

Measure: The percent of individuals participating in 3 different transitional activity types per year. Measurement is captured in June and not averaged.

Clarification: Consumers over the age of 18 that are still in secondary school and not transitioned should still record transitional event information as CM-Kids service type. Each transitional activity is counted once per consumer per fiscal year.

FY11 Targets:

Integrated Services	CSA-KEY	Case Management	Service Coordination	
NA	NA	96% - 100%	NA	4
NA	NA	90% - 95%	NA	3
NA	NA	85% - 89%	NA	2
NA	NA	Below 85%	NA	1

Outcome Area 7: Consumer Satisfaction

- Goal: Consumers will report satisfaction with the services that they receive.
- Intent: Consumers are the best judge of how services and supports are meeting their needs. In order to assess service satisfaction, individuals receiving services are asked questions in the areas of access, empowerment, satisfaction, and service (for integrated services consumers only).
- Definition: Satisfaction is determined by the independent evaluator interviewing a 10% sample of consumers. A survey asking consumers questions regarding access, empowerment, and service satisfaction. **See Appendix C: Outcomes Consumer Satisfaction Survey.**
- Definition: Individuals under age 18 will not be included in the consumer satisfaction area; their family/guardians will complete the family satisfaction survey. Individuals enrolled in Service Coordination only accessing General Assistance services will also not be included.
- Process: Adult consumers are randomly sampled with respect to care team member, diagnosis, gender, and service enrollment group. The interviewer consults with the agency regarding the consumer's ability and willingness to be interviewed. ISA interviews occur at the end of the fiscal year, while CM/SC interviews are interspersed throughout the fiscal year. Family members will not be asked to complete the consumer survey. For the KEY program, will attempt to interview all consumers, but need a minimum of 10 to score this area.
- Measure: The percentage of consumers which reported satisfaction of services received.
- FY11 Targets:

Integrated Services	CSA-KEY	Case Management	Service Coordination	
95% - 100%	95% - 100%	95% - 100%	95% - 100%	4
90% - 94%	90% - 94%	90% - 94%	90% - 94%	3
85% - 89%	85% - 89%	85% - 89%	85% - 89%	2
Below 85%	Below 85%	Below 85%	Below 85%	1

Outcome Area 8: Consumer Empowerment

- Goal: Consumers will feel a sense of empowerment with the system.
- Intent: Individuals with disabilities are treated with respect and, as individuals, allowed to make meaningful choices regarding their future as well as given the opportunity to succeed and the right to fail.
- Definition: Empowerment is present if there is consumer participation into the development of individualized goals, individualized goals are in place, individualized goals are measurable, goals are regularly reviewed with respect to expected outcomes, goal monitoring is documented in the file, case notes occur, and case notes reflect services delivered, and employment/education or community integration (for those not in the labor force) is addressed through the assessment process and through ongoing gentle hassling techniques documented in progress notes (after age 14). Addressed does not require an employment or education goal and when either lack of available programs or funding is the barrier, address the individual's short and longer term plans. Individuals in levels 5 or 6 should discuss community integration activities at least once per year. Empowerment is rated by file review and consumer/family interviews. The Integrated Services Agencies have 15 files per agency reviewed, while the Case Management and Service Coordination Agencies have a 10% sample. Service coordination may have a simplified plan for those clients who have services where the provider does not complete a plan.
- Measure: The percentage of consumers having an empowerment plan.
- Clarification: If a program receives a new referral during the last 2 months of the fiscal year or if the individual is in service coordination and on the waiting list and only billed quarterly to maintain contact and if the program only utilizes a person-centered planning approach to planning; then for outcome purposes, the new referral should be considered as having a current empowerment plan.
- Process: Consumers are randomly sampled with respect to care team member, diagnosis, gender, and service enrollment group. The individual is willing and able to be interviewed. The agency coordinates available times for the interview. ISA file reviews occur in January and June while CM file reviews are conducted throughout the fiscal year based on a sample of individuals enrolled. The agency will receive aggregate file feedback after the review.
- File Review: The percentage of consumers having documentation supporting consumer involvement in goal development, individualized and measurable goals are in place, as well as goals are regularly reviewed and such reviews are documented in the file with respect to expected outcomes. Each file containing all empowerment elements has a value of one point.

FY11 Targets:

Integrated Services	CSA-KEY	Case Management	Service Coordination	
95% - 100%	95% - 100%	95% - 100%	95% - 100%	4
90% - 94%	90% - 94%	90% - 94%	90% - 94%	3
85% - 89%	85% - 89%	85% - 89%	85% - 89%	2
Below 85%	Below 85%	Below 85%	Below 85%	1

Outcome Area 9: Family Satisfaction

Goal:	Families will report satisfaction with services.
Intent:	The intent is to know how the families feel about the supporting agency and to ensure the supporting agency is providing the individual and their family member with the needed services and supports.
Definition:	The independent evaluator interviews a 10% sample of family members who had a relative being served. A survey asking family members their opinions on how well the agency performs in relations with family members. See Appendix D: Outcomes Family Satisfaction Survey .
Definition:	Individuals enrolled in Service Coordination for General Assistance only will not be included in the family satisfaction area.
Process:	The interviewer consults with the agency regarding the family member's willingness to be interviewed. ISA interviews occur at the end of the fiscal year, while CM/SC interviews are interspersed through-out the fiscal year due to volume. For SC programs with frequent turnover, family members of disenrolled individuals may need to be contacted to meet sample numbers. For KEY family members, will need a minimum of 10 interviewed to be scored in this area, otherwise the program will just receive feedback comments.

FY11 Targets:

Integrated Services	CSA-KEY	Case Management	Service Coordination	
95% - 100%	95% - 100%	95% - 100%	95% - 100%	4
90% - 94%	90% - 94%	90% - 94%	90% - 94%	3
85% - 89%	85% - 89%	85% - 89%	85% - 89%	2
Below 85%	Below 85%	Below 85%	Below 85%	1

Outcome Area 10: Access to Somatic Care

Goal:	Consumers will receive somatic care.
Intent:	Americans with disabilities are more than twice as likely to postpone needed health care because they cannot afford it. Furthermore, people with disabilities are four times more likely to have special health care needs that are not covered by their health insurance [source: The National Organization on Disability (N.O.D.)]. True independence requires accessible and affordable health care.
Definition:	Someone has received somatic care if the person has had an annual physical, if any issues identified in the physical exam needing follow-up are treated, if ongoing or routine care is required, or if symptoms of a physical illness appear since the physical exam and the consumer receives treatment for the illness. Somatic care is more than just stating that there is a physician's name on record, ongoing documentation of care is needed. This includes, but is not limited to the annual physical. The individual's file must have documentation supporting somatic care. The independent evaluator will also discuss somatic care during consumer and family interviews.
Measure:	The percentage of consumers receiving somatic care. Measurement is captured in June and not averaged.
File Review:	The percentage of consumers having documentation supporting somatic care involvement. Each consumer's file has a value of one point with a point deducted for lack of supporting documentation being present in the consumer file.

FY11 Targets:

Integrated Services	CSA-KEY	Case Management	Service Coordination	
100%	100%	100%	100%	4
95% - 99%	95% - 99%	95% - 99%	95% - 99%	3
90% - 94%	90% - 94%	90% - 94%	90% - 94%	2
Below 89%	Below 89%	Below 89%	Below 89%	1

Outcome Area 11: Community Inclusion

Goal:	Consumers will participate and contribute to the life of the community
Intent:	People with disabilities spend significantly less time outside the home, socializing and going out, than people without disabilities. They tend to feel more isolated, and participate in fewer community activities than their non-disabled counterparts. The largest differences exist between these two groups with regard to involvement in religious services, local politics, cultural events, outdoor activities, and community service organizations. Little or no differences exist with respect to participating in community events related to

hobbies, participating in volunteer work, attending special community events such as fairs and parades, and attending recreational activities such as sporting events and movies. [Source: The National Organization on Disability (N.O.D.)]. The intent is to address these participation gaps and to remove barriers to community integration activities so people with disabilities can participate with non-disabled people in community activities of their choice and become a part of the community.

Definition: Activities are grouped into three main categories: spiritual, civic (local politics & volunteerism), and cultural (community events, clubs, and classes). An activity meets the definition if "yes" is the response to the following three questions: (1) Is the activity community-based and not sponsored by a provider agency? (2) Is the activity person-directed? And (3) Is the activity integrated?

Consumers can participate in activities by themselves, with a friend/s, support staff person, or with natural supports. Examples include serving on an organization's Board of Directors, being an involved church member or with the church, taking classes (non-employment related classes), participation in sporting events (volleyball league or little league baseball) or personal-interest groups (garden and chess clubs). Activities sponsored by or connected with an agency serving people with disabilities and everyday life activities do not count toward activities for the purposes of this outcome area. The evaluator will also verify community activities through file reviews and consumer and family interviews, when possible.

Clarification: To help in deciding whether the activity meets the definition, there are 2 tiers of questions to answer. The first tier looks at the activity-is it community based and not provider sponsored, person directed and integrated? The second set of questions looks at categorizing the event-is it spiritual; political; volunteer related; a community event; a club; or a class?

Clarification: Activities that do not count: going out to eat; grocery shopping; shopping in general/garage sales; going to the movies; biking by oneself; swimming by oneself in the apartment complex pool; going for walks as exercise. For instance-while biking by oneself may happen in the community (non-provider initiated), be person-directed; and integrated, it isn't a spiritual; political; volunteer related; a community event; a club; or a class type of event.

Clarification: Ongoing involvement is defined by involvement in any one category area three times.

Measure: The percentage of consumers accessing and having ongoing involvement in 1 or more different community activities per year. Measurement is captured in June and not averaged.

File Review: The percentage of consumers having documentation supporting utilization of community integration activities. Each consumer's file has a value of one point with a point deducted for lack of supporting documentation being present in the consumer's file.

FY11 Targets:

Integrated Services	CSA-KEY	Case Management	Service Coordination	
95% - 100%	95% - 100%	95% - 100%	60% - 100%	4
80% - 94%	80% - 94%	80% - 94%	40% - 59%	3
50% - 79%	50% - 79%	50% - 79%	20% - 39%	2
Below 50%	Below 50%	Below 50%	Below 20%	1

Outcome Area 12a: Negative Disenrollment

Goal: The organization will not negatively disenroll consumers.

Intent: Individuals with disabilities oftentimes fall through the cracks or are moved to other parts of the service system because they are too difficult or expensive to serve. Organizations' charge is to develop trusting and meaningful relationships to ensure continuity of care.

Definition: Service enrollment is defined as beginning the first month the individual receives care coordination services and ends when the individual is disenrolled from case coordination.

Definition: Disenrollment is the termination of services due to an individual leaving the program either on a voluntary or involuntary discharge. Negative disenrollments are defined as individual refuses to participate, the individual is displeased with services, the agency initiates discharge, the individual is discharged to prison for greater than 6 months. Neutral disenrollments are defined as individual no longer needs services or no longer eligible, individual leaves Polk County, individual death, individual has a change in level of care, individual is incarcerated due to activity prior to enrollment.

Definition: Prison: an enrolled individual commits a crime and is sentenced to prison or if an enrolled individual is on probation and does not follow the rules associated with probation and as a result probation is revoked and the individual returns to prison.

Definition: Prison, prior involvement: an enrolled individual commits a crime, but is not sentenced prior to enrollment

Measure: The percentage of consumers negatively disenrolled.

FY11 Targets:

Integrated Services	CSA-KEY	Case Management	Service Coordination	
0% - .99%	0% - 5%	0% - .99%	0% - .99%	4
1% - 2.99%	5.01% - 15%	1% - 2.99%	1% - 2.99%	3
3% - 3.99%	15.01% - 23%	3% - 3.99%	3% - 3.99%	2

Above 4%	Above 23%	Above 4%	Above 4%	1
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Outcome Area 12b: Appropriate Disenrollment

Goal: The organization will appropriately disenroll consumers.

Intent: Organizations' charge is to develop trusting and meaningful relationships to ensure continuity of care and encourage self-sufficiency.

Definition: Service enrollment is defined as beginning the first month the individual receives care coordination services and ends when the individual is disenrolled from case coordination.

Definition: Disenrollment is the termination of services due to an individual leaving the program either on a voluntary or involuntary discharge. Appropriate disenrollments are defined as engaging individuals into CM/PACT/ISA services, obtaining SSI, discharging to targeted case management, and when individuals move from ICFs/MR into waiver settings in the community, and no longer needs services.

Measure: The percentage of consumers positively disenrolled.

FY11 Targets:

Integrated Services	CSA-KEY	Case Management	Service Coordination	
NA	NA	NA	21% - 100%	4
NA	NA	NA	8% - 20.99%	3
NA	NA	NA	5% - 7.99%	2
NA	NA	NA	Below 5%	1

Outcome Area 13: Hospital Bed Days

Goal: Psychiatric hospital days will be reduced.

Insert: The intent is to provide adequate supports in the community so people can receive community-based services.

Definition: A hospital day is measured by the number of nights spent hospitalized.

Clarification: If an individual is hospitalized under an 812, then the days spent at Cherokee or Oakdale are counted as jail days, however if the individual is hospitalized as a 229, then those days are counted as psych bed days. Hospitalization for de-toxification is categorized as a psychiatric instead of a medical hospitalization.

Definition: Service Coordination individuals living in ICFs/MR and individuals living at Cherokee who have a RCF/PMI status and are waiting for a bed to open (i.e. West Cedar) will not be included in this area.

Measure: The average number of hospital days per consumer per year.

FY11 Targets:

Integrated Services	CSA-KEY	Case Management	Service Coordination	
0 – 1.99 days	0 – 1.99 days	0 – 1.99 days	0 – 1.99 days	4
2 – 3.49 days	2 – 4.99 days	2 – 3.49 days	2 – 3.49 days	3
3.50 – 4.49 days	5.00 – 5.99 days	3.50 – 4.49 days	3.50 – 4.49 days	2
4.5+ days	6+ days	4.5+ days	4.5+ days	1

Outcome Area 14: Emergency Room Visits

Goal: Emergency room visits for psychiatric visits will be reduced.

Intent: The intent is to provide adequate supports in the community so people do not access psychiatric care thru the ER.

Definition: An emergency room visit is measured by the number of times the individual goes to the emergency room is observed and returned home without being admitted.

Definition: Service Coordination individuals living in ICFs/MR will not be included in this area.

Measure: The average number of emergency room visits per consumer per year.

FY11 Targets:

Integrated Services	CSA-KEY	Case Management	Service Coordination	
0 - .05 visit	0 - .06 visit	0 - .05 visit	0 - .05 visit	4
.06 – .10 visit	.07 – .10 visit	.06 – .10 visit	.06 – .10 visit	3
.11 – .15 visits	.11 – .19 visits	.11 – .15 visits	.11 – .15 visits	2
.16+ visits	.20+ visits	.16+ visits	.16+ visits	1

Outcome Area 15: Improve Quality of Life

Goal: Increase consumer satisfaction with housing, employment, education, and recreation/leisure activities.

Process: The independent evaluator interviews a 10% sample of consumers served in the program. The evaluator asks the individual to respond to quality of life questions. **See Appendix C: Outcomes Consumer Satisfaction Survey.**

Clarification: The scale percentages equate to the aggregate satisfaction survey results for this question: 90% equates to an average rating of 3.6; 85% equates to 3.4; and 80% equates to 3.2.

Measure: The percentage of consumers satisfied with their quality of life.

FY11 Targets:

Integrated Services	CSA-KEY	Case Management	Service Coordination	
90% - 100%	90% - 100%	90% - 100%	90% - 100%	4
85% - 89%	85% - 89%	85% - 89%	85% - 89%	3
80% - 84%	80% - 84%	80% - 84%	80% - 84%	2
Below 80%	Below 80%	Below 80%	Below 80%	1

Outcome Area 16: Administrative Outcomes

Goal: Programs will meet process expectations.

Definition: The Administrative Outcomes are a series of standards or expectations for each program. See **Appendix E: Administrative Outcome Instructions** for PolkMIS data entry instructions.

Measure: The overall percentage of process compliance.

FY11 Targets:

Integrated Services	CSA-KEY	Case Management	Service Coordination	
97% - 100%	97% - 100%	97% - 100%	97% - 100%	4
93% - 96%	93% - 96%	93% - 96%	93% - 96%	3
89% - 92%	89% - 92%	89% - 92%	89% - 92%	2
Below 89%	Below 89%	Below 89%	Below 89%	1
